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| **ANSØGNING OM UDSÆTTELSE AF EKSAMENSFORSØG PÅ GRUND AF SYGDOM / Application for deferment of examination attempt due to illness** |
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| PERSONLIGE OPLYSNINGER / PERSONAL DATA |

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| Cpr.nr. / CPR No.: |  |
| Studienummer/Student No.: |  |
| Navn / Name: |  |
|  |  |
|  |  |
| Tlf. / Phone: | E-mail: |
| Studie / Programme: | |
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| PRØVE / EXAM |

Hvis du på grund af sygdom ikke har deltaget i/fuldført en prøve, kan Studienævnet give tilladelse til udsættelse af dit eksamensforsøg/ If you have been unable to attend or complete an exam because of illness, you can apply to the Study Committee for deferment of your exam attempt.

På grund af sygdom har jeg ikke deltaget i/fuldført følgende prøver / Because of illness I have not been able to attend/complete the following exams:

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| Prøve / Exam | Dato / Date | Mundtligt forsvar\* / Oral presentation\* |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

*\* Sæt kryds hvis sygdommen kun berører mundtligt forsvar af et skriftligt projekt / Cross off if the illness is in connection with an oral presentation of a written project only.*

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| OMEKSAMEN / RE-EXAM |

Har du været syg til ordinær eksamen bliver du automatisk tilmeldt reeksamen i samme termin.

/ If you were ill at the ordinary exam, you will automatically be registered for the re-exam in the same term.

Har du været syg til reeksamen eller *både* den ordinære eksamen *og* reeksamen, er du selv ansvarlig for hurtigst muligt at kontakte din studievejledning for en samtale omkring, hvornår du skal tilmeldes eksamen næste gang.

If you were ill at the re-exam or *both* the ordinary exam *and* the re-exam, it is your own responsibility to contact the student counsellor’s office as soon as possible to enquire about how and when it is possible to attend the missing exam.

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| DOCUMENTATION / DOKUMENTATION |

Husk at vedlægge **lægeerklæring**, dækkende perioden for de anførte prøver. Sygemeldingen skal udstedes af lægen senest på eksamensdagen. / Remember to attach a **medical certificate** from your doctor covering the dates of the above-mentioned exams. The medical certificate should be issued by the doctor on the day of the exam at the latest.

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| UNDERSKRIFT / SIGNATURE |

|  |  |
| --- | --- |
| Dato / Date: | Underskrift / Signature: |

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| BLANKETTEN RETURNERES TIL / RETURN THIS FORM TO |

For Studerende på **Campus Aarhus**

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| Aarhus BSS , Aarhus University | |
| Study Service |  |
| Tåsingegade 3, Building 1443, Room 021 | |
| DK-8000 Aarhus C | |

For spørgsmål kontakt Aarhus BSS Studier på 87152374 eller 87164026 eller pr. mail til studyservice.bss@au.dk / If you have questions, please contact Aarhus BSS Study Service, phone +4587152374 or +4587164026 or mail to studyservice.bss@au.dk.

For Studerende på **Campus Herning**

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| Aarhus BSS, Aarhus University | |
| Aarhus BSS Studies Administration |  |
| Birk Centerpark 15 | |
| DK-7400 Herning | |

For spørgsmål kontakt Aarhus BSS Studier – Herning på 87151908 eller pr. mail til info.auhe@au.dk / If you have questions, please contact Aarhus BSS Study Administration – Herning , phone +4587151908 or mail to info.auhe@au.dk.